

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	/		/			
4	/		/			
5	/		/			
6	/		/			
7	/		/			
8	5		/			
9	0		/			
10	0		/			
11	0		/			
12	0		/			
13	8		/			
14	0		/			
15	0		/			
16	0		/			
17	8		/			
18	0		/			
19	/		/			
20	/		/			
21	2		/			
22	2		/			
23	0		/			
24	0		/			
25	0		/			
26	0		/			
27	0		/			
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48						
49						
50						
TOTAL IND.			2			
TOTAL DEP.		←	36	←		←
TOTAL CLAIMS			38			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.				↓		
TOTAL DEP.		←			←	←
TOTAL CLAIMS						